Transfer of publicly traded securities to Feed Nova Scotia



DONOR INFORMATION			novascotia
Donor name:			
Phone:			
Address:			
City/town:	Province:		Postal code:
DONOR'S BROKER INFORMATIO	N		
Name of broker:			
Brokerage firm name:			
Phone:			
Client account number:			
request that the following investroame of Feed Nova Scotia Society	ments currently held in my account via their broker:	at your firn	n be re-registered in the
Scotia McLeod 902-420-7776 1959 Upper Water Street, 3rd Floor elliot.thompson@scotiawealth.com Purdy's Wharf, Tower 1 Halifax, NS B3J 3N2		.com D A A	nstitution: Scotia McLeod DTC/CUID: SCOT Account #: 82533063-13 Account name: Metro Food ank Society ~ Nova Scotia
SECURITIES TO BE TRANSFERRED)		
Quantity	Name of security	CUSIP nu	ımber
Email a copy of this completed for ca.	m to elliot.thompson@scotiawealtl	n.com and f	inance@feednovascotia.
Donor/client signature		۵	